

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em;">10 564 899</div>	FILING DATE	
CLAIMS									
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
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TOTAL IND.		↓	2	↓		↓			
TOTAL DEP.		←	15	←		←			
TOTAL CLAIMS			17						
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT				
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TOTAL IND.		↓		↓		↓			
TOTAL DEP.		←		←		←			
TOTAL CLAIMS									